

Application for Reduced Fare Affidavit of Disability



Applicant's Release (Please Print)

I hereby authorize the physician or Health Care Provider to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released by Spokane Transit Authority without my approval or a court order. I understand that Spokane Transit Authority shall have the right and opportunity to verify my eligibility for a Reduced Fare Card. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Program and may be subject to criminal prosecution in accordance with RCW 9A.72.085 and RCW 40.16.030.

Name _____ Phone Number _____

Street _____ City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

Instructions:

1. The applicant must meet at least one of the criteria and conditions listed in the Medical Eligibility Criteria.
2. The Specific Medical Eligibility Criteria number must be noted in the space provided.
3. If Section 7 (emotionally disturbed) is used, this person must be diagnosed by you as substantially limited in one or more major life activities on an ongoing basis. The appropriate section (a, b, or c) must be included along with the name and phone number of the work activity center, training or rehabilitation program in which this patient is currently enrolled. *Note: An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet the eligibility requirement.*
4. An applicant's economic status has no bearing.

This section to be completely filled out by the approved Health Care Provider:

I certify that (applicant) _____ meets the Medical Eligibility Criteria (Section Number) _____

If section 7 (a, b, or c), enter name of qualifying program: _____

I am a Washington State-licensed (select one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Audiologist (certified by the American Speech, Language and Hearing Association) | <input type="checkbox"/> MSW | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Certified Orientation and Mobility Specialist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Psychologist (Ph.D.) |
| | <input type="checkbox"/> Physician (MD or DO) | <input type="checkbox"/> Recreational, Physical or Occupational Therapist |

Signatures of Health Care Providers other than those above will not be accepted.

Please check the appropriate boxes:

- The disability is temporary. If temporary, specify length of disability: _____ months.
- The disability is permanent.

Verification of Health Care Provider (Please Print)

Provider _____ Phone Number _____

Provider or Agency Address _____ City _____ State _____ Zip _____

WA State License Number _____

Provider's Signature _____ Date _____

I understand that if any of the statements made on this application form are false or inaccurate, I may be subject to criminal prosecution in accordance with RCW 9A.72.085 and RCW 40.16.030

Section 1. Non-Ambulatory Disabilities

1. **Wheelchair User.** Impairments which, regardless of cause, require the use of a wheelchair for travel.

Section 2. Semi-Ambulatory Disabilities

1. **Restricted Mobility.** Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and/or other muscular/skeletal disabilities causing mobility restriction.
2. **Arthritis.** Persons whose arthritis causes a functional motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic disability; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic disability.)
3. **Loss of Extremities.** Persons with dysmorphism or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident.** Persons displaying one of the following, four months post-CVA:
 - a. Pseudobulbar palsy; or
 - b. Functional motor defect in any of two extremities; or
 - c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory.** Persons displaying respiratory impairment (dyspnea) of Class 3 or greater as defined by “Guides to the Evaluation of Permanent Impairment: The Respiratory System,” Journal of the American Medical Association, 194:919 (1965)
6. **Cardiac.** Persons displaying functional classifications III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
7. **Dialysis.** Persons who must use a kidney dialysis machine in order to live.
8. **Disorders of the Spine.** Persons who are disabled by one or more of the following:
 - a. Fracture of vertebrae, residuals, or with cord involvement with appropriate motor and sensory loss; or
 - b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression of fracture of vertebra; or
 - c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of a flexion measured from the neutral position and one of the following:
 - i. Calcification of the anterior and lateral ligaments as shown by x-ray; or
 - ii. Dilateral ankylosis of sacroiliac joints and abnormal apophyseal articulation as shown by x-ray.
9. **Nerve Root Compression Syndrome.** A person whose disability is caused by:
 - a. Pain and motion limitation in back of neck; and
 - b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.
10. **Motor.** Persons whose disability is caused by one or more of the following:
 - a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
 - b. A functional motor deficit in any two limbs; or
 - c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.
11. **HIV.** A person with HIV who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

Section 3. Visual Disabilities

1. Persons who are disabled because of:
 - a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
 - b. Contraction of visual field:
 - i. So the widest diameter of visual field subtending and angular distance is no greater than 20 degrees; or
 - ii. To 10 degrees or less from the point of fixation; or
 - iii. To 20 percent or less visual field efficiency
2. Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.

Section 4. Hearing Disabilities

1. Persons who are disabled because of hearing impairments manifested by one or more of the following:
 - a. Better ear pure tone average of 90 dB HL (unaided) as measured with standardized testing materials.
2. Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech, Language, and Hearing Association.

Section 5. Neurological Disabilities

1. **Epilepsy.** A person who are disabled because of a clinical disorder involving impairment of consciousness characterized by uncontrolled seizures (grand mal or psychomotor) substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with:
 - a. Diurnal episodes (loss of consciousness and convulsive seizure); or
 - b. Nocturnal episodes which show residuals interfering with activity during the day; or
 - c. A disorder involving petit mal or mild psychomotor seizures substantiated by EEG occurring more frequently than once per week in spite of prescribed treatment with.
 - i. Alteration of awareness or loss of consciousness; and
 - ii. Transient postical manifestations of conventional or antisocial behavior.
 - iii. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
2. **Neurological Disability.** A person whose disability is caused by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Section 6. Cognitive Disabilities

1. **Developmental Disabilities.** A person whose intellectual or developmental delay is characterized both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, social situations and self-care; and
 - a. The disability originates before such individual attains age 18,
 - b. The condition has continued, or can be expected to continue, indefinitely,
 - c. The condition substantially limits one or more major life activities on an ongoing basis.
2. **Adult Cognitive Disability.** Persons who, occurring after age 18, experience ongoing impairment(s) in cognition that substantially limit one or more major life activities, including individuals who meet SSA, SSI or SSDI eligibility criteria.
3. **Autism.** Persons who are disabled because of a syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbances, and monotonously repetitive motor behavior appearing generally before the age of six and characterized by severe withdrawal and inappropriate response to extended stimuli.

Section 7. Mentally Disordered Disabilities (Emotionally Disturbed)

1. Those persons diagnosed as substantially disabled by mental illness who meets one of the following criteria:
 - a. Are living in a board and care home and receiving state or federal financial assistance and participate in a state or federally funded work activity center or workshop.
 - b. Are living at home under supervision and participation in a state or federally funded state or federal work activity center or workshop.
 - c. Are participating in any training or rehabilitation program established under federal, state, county or city governmental agencies.